

THE
University of Vermont
HEALTH NETWORK

To: Office of the Health Care Advocate

From: The University of Vermont Health Network

Date: August 24, 2021

Subject: Pre-budget hearing questions

Thank you for the opportunity to respond to these questions in advance of our FY 2022 budget hearing presentation to the Green Mountain Care Board. Below are responses from the UVM Health Network, along with specific answers from our three Vermont affiliate hospitals – UVM Medical Center, Central Vermont Medical Center, and Porter Medical Center. We look forward to continuing our partnership and collaboration with the Office of the Health Care Advocate.

UVM Health Network

Funding allocated to diversity, equity, and inclusion (DEI) efforts

In the Network's FY 2022 budget, we budgeted \$550K of new/incremental expenses related to our DEI efforts. These expenses include 3 FTEs – one lead and two support roles.

Changes in bad debt and free care

The FY 2021 projected bad debt and charity rates for the Network's three Vermont affiliate hospitals are lower than historical rates due to lower elective/higher cost care being provided during the peak of the pandemic and the cyberattack, and due to suspending self pay collection activities for a period of time during the pandemic. FY 2022 budgeted rates are back to historic levels.

UVM Medical Center

How much funding in your current and future budgets has been allocated to diversity, equity, and inclusion (DEI) and/or racial equity focused projects, trainings, or collaborations?

The UVM Medical Center budget contains \$500K for training, surveys, and salaries. If you include 60% of what is budgeted at the Network level, it would add approximately \$330K.

What percentage of staff and administrative leadership have received training in language access needs, implicit bias, and cultural competency?

All employees are assigned language access training annually. This started for CY 2021, and currently 55% of our employees have completed the training. The deadline for all employees is December 31, 2021. One hundred employees, 40 leaders, and the Human Resources and Communications & Engagement Strategies departments have received implicit bias training.

In what languages are your patient satisfaction surveys available? Is race/ethnicity data collected as a part of these surveys?

Patient satisfaction surveys are offered in English and Spanish. Race and ethnicity questions are sent over to our survey vendors for us to sort data. Also, any national survey asks race and sex questions, so we have that option for inpatient, ambulatory surgery, and our medical office surveys.

For hospitals that have experienced a significant change in trends related to bad debt and free care before vs. during the pandemic, we are interested in your perspectives about the causes of these changes. What happened on the ground? Were there any issues with patients' ability to learn about or apply for free care during the shutdown?

We have not experienced nor been advised of issues with patient awareness of financial assistance programs available at UVM Medical Center. In fact, we have recently updated our financial assistance page on our website and pushed information about it, along with our Health Assistance Program (HAP), to patients through patient newsletters, paid social media postings, and printed materials for distribution in clinical settings. Our financial assistance program staff proactively contacts patients pre-service to inform them of benefits, and counseling and education on our program occurs with all calls. Additionally, we continued meeting with in-house patients throughout the pandemic, as well as providing education and applications for our continued ED population. The only true shift was lack of in-person access to help complete applications, which has migrated to phone calls. Our team has had no reports of issues with access, lack of awareness, or an inability to apply for aid. Patients continue to apply, and our teams are fully staffed to review, grant, and process charges. Additionally, our ability to aid patients and manage through COVID-19 was also influenced by the relaxing of Medicaid policies for eligible members during the pandemic; they waived the financial verifications for new enrollees, extended coverage periods, waived Dr. Dynasaur premiums, and offered a special enrollment period for those who did not have health insurance to enroll in a QHP. We were able to obtain quicker approvals, easing the burden of follow up for patients.

Central Vermont Medical Center

How much funding in your current and future budgets has been allocated to diversity, equity, and inclusion (DEI) and/or racial equity focused projects, trainings, or collaborations?

This is not currently a line item in our budget. However, below is a high level summary of efforts related to DEI since August 2020:

- CVMC chartered the Diversity, Equity, and Inclusion (DEI) Steering Committee in August 2020 (<https://connect.cvmc.org/Diversity-Equity-and-Inclusion>); meets monthly to advance DEI priorities; all members are paid to attend
- Network investment: launched anonymous reporting tool, EthicsPoint (<https://rebrand.ly/EthicsPoint>)
- Resource page established on CVMC intranet site
- Staff members knelt for 8 minutes and 46 seconds of silence to honor George Floyd on June 19, 2020
- Network investment: completed a diversity assessment survey
- Diversity, Equity, Inclusion Commitment Statement was drafted and approved by our Board of Trustees and distributed to employees using the Heart Chat format in January 2021

- CVMC declared Martin Luther King Day an observed holiday; budget neutral as we switched Christmas Eve for this holiday
- DEI content added to orientation for all new employees
- CVMC and Woodridge Rehabilitation and Nursing began flying a Black Lives Matter flag as a symbol of CVMC's commitment against racism
- Network investment: UVM Health Network formed an Office of Diversity and has started a search for a Chief Diversity Officer
- UVM Health Network created a self-education SharePoint site (<https://fahc.sharepoint.com/teams/DEI/>)
- Juneteenth observance on June 18, 2021 featuring Rev. Dr. Arnold Thomas
- Translated patient bill of rights into Central Vermont's five most predominant languages
- Initiated additional translation projects focused on the patient care booklet, and other important clinical communications

What percentage of staff and administrative leadership have received training in language access needs, implicit bias, and cultural competency?

Language access training is part of unit orientation process for relevant staff members. CVMC is offering subconscious bias training; the rollout is currently underway.

In what languages are your patient satisfaction surveys available? Is race/ethnicity data collected as a part of these surveys?

All surveys are currently sent in English. Race/ethnicity data is collected and sent to Press Ganey from Epic by medical practices and ExpressCare. The HCAHPS, OAS CAHPS, and ED CAHPS surveys all ask race/ethnicity questions on the survey itself (not uploaded from Epic). When Epic launches hospital-wide, all areas will collect race/ethnicity data. This may be able to help drive survey language selection in the future.

For hospitals that have experienced a significant change in trends related to bad debt and free care before vs. during the pandemic, we are interested in your perspectives about the causes of these changes. What happened on the ground? Were there any issues with patients' ability to learn about or apply for free care during the shutdown?

We're not aware of any issues with patients' ability to learn about or apply for free care during the pandemic. Additionally, in an effort to improve connecting patients with the financial resources they need to access care, CVMC has recently joined the Network's Health Assistance Program and updated our financial assistance page on our website to include information about accessing the HAP. As part of this expansion of the HAP, we have educated internal staff on making referrals, and pushed information to patients about both HAP and financial assistance through patient newsletters, paid social media postings, and printed materials available in clinical settings.

Porter Medical Center

How much funding in your current and future budgets has been allocated to diversity, equity, and inclusion (DEI) and/or racial equity focused projects, trainings, or collaborations?

Porter Medical Center has no specific budget line items earmarked as DEI specific, though activities are initiated through Porter's DEI Committee and funded through an allocated organizational level pool.

What percentage of staff and administrative leadership have received training in language access needs, implicit bias, and cultural competency?

Training required through the annual UVM Health Network mandatories is how this takes place at Porter.

In what languages are your patient satisfaction surveys available? Is race/ethnicity data collected as a part of these surveys?

Patient satisfaction surveys are available in English. Race/ethnicity is collected as part of the survey.

For hospitals that have experienced a significant change in trends related to bad debt and free care before vs. during the pandemic, we are interested in your perspectives about the causes of these changes. What happened on the ground? Were there any issues with patients' ability to learn about or apply for free care during the shutdown?

We're not aware of any issues with patients' ability to learn about or apply for free care during the pandemic. Additionally, in an effort to improve connecting patients with the financial resources they need to access care, Porter has recently joined the Network's HAP. As part of this expansion of the HAP, we have educated internal staff on making referrals, and pushed information to patients about HAP as well as financial assistance through patient newsletters, a new web page on our website, paid social media postings, and printed materials for distribution in clinical settings.